

Aging & Disability Services
NOTICE OF PRIVACY PRACTICES
Effective April 14, 2003

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| THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. |
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Aging & Disability Services (ADS) is a division of the City of Seattle's Human Services Department. The law requires ADS to notify you of your privacy rights. ADS will abide by the terms of this notice while it is in effect. This notice does not affect your eligibility for ADS services.

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| What health information does ADS have about me? | You may be applying for, or currently participating in, ADS and Department of Social and Health Services (DSHS) programs that provide benefits or services. As part of this process, ADS creates and maintains records related to your health care. We also may receive health information about you from other sources that we need in order to serve you or provide payment for your care. |
| May I see my health information? | You have a right to inspect and copy health information we have about you. You need to tell us what records you want to see. However, we may deny access to some portions of a record. ADS may charge you for copies of your records. |
| May I change my records? | If you think the health information in your record is wrong, you have a right to request that we amend it or add new information. You may also ask that we send the amendments to others who have received copies of your records. |
| May I have a copy of this notice? | You have a right to a copy of this notice. This notice is yours to keep. If you received this notice electronically, you may ask for a paper copy and we will provide one for you. |
| What information does ADS share? | We only share information about you that is needed by others to do their job. You have a right to request a list of places where we have sent your health information. |
| May I put limits on sharing my information and how I receive it? | You have a right to ask us to limit the use and sharing of your health information, but we do not have to agree. You may also ask that we send this information to you in a different format or to a different location. |
| Who sees my health information? | ADS sees only the minimum amount of health information we need to do our jobs. We may share information with other programs or persons if allowed by law or permitted by you. For example, information about your health may be given to and used by healthcare and other providers who take care of you. We may share past, current, or future information. ADS is required by law to maintain the privacy of your health information. |
| When does ADS share health information? | We keep and share your health information to coordinate treatment, payment, and agency operations. We may share information to: <ul style="list-style-type: none">• Determine if medical treatment is appropriate.• Pay for services from health care providers.• Determine your eligibility for services or benefits.• Evaluate the quality of care you receive from providers. |

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What if someone else needs my health information?

You may be asked to sign an authorization form allowing your information to be shared if:

- ADS needs to send information to other places;
- You want us to send information to another agency or provider;
- You want information sent to another person such as your attorney, a relative or other representative.

Your permission to share your information is effective until the date you put on the authorization form. We can only share the type of information you list. You may revoke or change this permission in writing.

May health information be shared without my permission?

Yes, there are times when health information may be shared without your permission. By law, we are, at times, required or allowed to share health information about you, even if you do not give us permission. Some of these situations are:

- Reporting incidents of child or adult abuse or neglect to the police or other appropriate agencies;
- Providing records when ordered to do so by a court;
- Giving information to other agencies who review ADS operations;
- Sharing information with government agencies that license and inspect health care facilities, such as nursing homes, adult family homes, and adult day health centers;
- Sharing information needed by service providers or other agencies to determine if you are eligible for services or benefits;
- Giving certain information to legal guardians;
- Using information for research purposes;
- Public health and safety as required by law.

What if ADS' privacy practices change?

We reserve the right to change our health information practices. If our practices change, we will make a new copy of this notice available to you.

Who do I contact if I have questions about this notice or to exercise my rights?

If you have any questions about this notice, or you would like to exercise your privacy rights, you may call the ADS Privacy Officer at (206) 684-0538.

How do I report a violation of my privacy rights?

If you believe your privacy rights have been violated you can file a complaint with:

The ADS Privacy Officer, Aging & Disability Services, 618 Second Avenue, Suite 1020, Seattle, WA 98104-2232. If you file a complaint, ADS will not change or stop your services or benefits and is prohibited from retaliating against you.

OR

The Secretary, Department of Health and Human Services (DHHS), 2000 Independence Avenue, Washington, D.C. 20201. Any complaints to DHHS must be made within 180 days of the privacy violation.

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ACKNOWLEDGEMENT

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| YOUR NAME (PLEASE PRINT) | CLIENT DATE OF BIRTH |
| I have received a copy of the ADS Privacy Notice and have had a chance to ask questions about how my health information will be used and shared by ADS. | |
| CLIENT OR PERSONAL REPRESENTATIVE'S SIGNATURE | DATE |
| FOR ADS USE ONLY | |
| To be completed if unable to obtain client's or personal representative's signature. | |
| Describe reason why acknowledgement was not obtained: | |
| CASE MANAGER'S NAME (PLEASE PRINT) | |
| CASE MANAGER'S SIGNATURE | DATE |